

Employment Application



225 Al Smith Circle
Berryville, VA 22611
Phone No. 540-955-5140
Fax No. 540-955-4049

The County of Clarke, Virginia is an Equal Opportunity Employer and does not discriminate against employees or applicants from employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state and local laws.

Personal Data

Date: _____

Applicant Name _____
Last First Middle

Telephone No. _____

Address _____
No. Street City State Zip

Are you eligible for employment in the United States? ☐ Yes ☐ No *If hired, you are required to provide proof of your eligibility to work in the United States.*

Are you at least eighteen years of age? ☐ Yes ☐ No *If no, age is subject to verification prior to hire.*

Position(s) applied for: _____

Have you previously been employed by Clarke County? ☐ Yes ☐ No *If yes, when?* _____

If yes, which department(s) _____

List below any job-related skills, experiences, certifications and/or qualifications that would be of benefit in the position(s) for which you are applying. *[For Aquatic Positions see page 4. Additional space is on Page 5.]*

On what date would you be available to begin work? _____

Employment History [You need list only those employers for whom you have worked in the past ten years.]

If additional space is needed, use Page 5.

Company Name: _____
Address: _____
Telephone Number: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____ May We Contact: ☐ Yes ☐ No
Job Title: _____ Start Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Description of Duties: _____

Company Name: _____
Address: _____
Telephone Number: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____ May We Contact: ☐ Yes ☐ No
Job Title: _____ Start Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Description of Duties: _____

Company Name: _____
Address: _____
Telephone Number: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____ May We Contact: ☐ Yes ☐ No
Job Title: _____ Start Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Description of Duties: _____

Company Name: _____
Address: _____
Telephone Number: _____ Supervisor's Name: _____
Starting Date: _____ Ending Date: _____ May We Contact: ☐ Yes ☐ No
Job Title: _____ Start Salary: _____ Ending Salary: _____
Reason for Leaving: _____
Description of Duties: _____

I give my permission to contact the employers listed as indicated above. _____

May we contact you at home? ☐ Yes ☐ No
May we contact you at work? ☐ Yes ☐ No

Signature _____
If yes, what is the best time to call? _____
If yes, what is the best time to call? _____

Education *If additional space is needed, use Page 5.*

<i>School</i>	<i>Name and Address of School</i>	<i>Course of Study, Certificates, Awards</i>	<i>No. Years Completed [Circle]</i>	<i>Diploma or Degree</i>
High			1	
			2	
			3	
			4	
College			1 5	
			2 6	
			3 7	
			4 8	
Other [Specify – Trade School, US Armed Services, Certified Courses, etc.]				

Personal References *If additional space is needed, use Page 5.*

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>	<i>No. Years Acquainted</i>

Please Read and Sign Below

By my signature below, I certify that I have not withheld any information requested and that all the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts, or omission of facts, on this application is sufficient cause for dismissal. I also authorize the County of Clarke, Virginia to verify statements made on this application by investigation as deemed advisable. I further understand that any offer of employment I may receive from Clarke County is contingent upon my successful completion of the total pre-employment screening process, which may include such investigations as criminal or civil convictions, driving records, previous employers and others as deemed appropriate. I agree to cooperate fully with such an investigation.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release Clarke County and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and any local, state or federal agency records as deemed necessary.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United States in compliance with the Immigration Reform and Control Act of 1986. In addition, I further understand that nothing contained in this employment application or in Clarke County Personnel Policies or in the granting of an interview is intended to create an employment contract between Clarke County Government and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

Signature of Applicant

Date

Aquatic Positions

If applying for an Aquatics position, please provide the following information:

Swimming and First Aid Certifications: (Please attach a copy of current certifications)

<i>Certification</i>	<i>Date Issued</i>	<i>Expiration Date</i>
Lifeguard		
Water Safety Instructor		
Water Safety Instructor Aide		
First Aid		
Cardiopulmonary Resuscitation (CPR)		
Emergency Medical Technician (EMT)		
Other:		
Other:		

List Present and Past Employment Related to Aquatics

<i>Name & Address of Employer</i>	<i>Dates of Employment</i>	<i>Type of Work</i>	<i>Name of Supervisor</i>

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]